

PART B - FEE(S) TRANSMITTAL

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29159 7590 02/28/2008

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/829,578	04/22/2004	Norman H. Millerschoe	115004-36	6724

TITLE OF INVENTION: METHOD FOR DISPLAYING AN INTERACTIVE GAME HAVING A PRE-DETERMINED OUTCOME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	05/28/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
SAGER, MARK ALAN	3714	463-017000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. <u>Bell Boyd & Lloyd LLP</u>
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2. _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
¹IGT

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)
Reno, Nevada

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
<input type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
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<input type="checkbox"/> Advance Order - # of Copies 10	<input type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-1818 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
<input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	

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Authorized Signature Adam H. Masia Date May 21, 2008

Typed or printed name Adam H. Masia Registration No. 35,602

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